

FORM PTO-1390 (Modified) (REV 11-98)		U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE		ATTORNEY'S DOCKET NUMBER
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371				00000332
INTERNATIONAL APPLICATION NO. PCT/US99/09366		INTERNATIONAL FILING DATE 29 April 1999		U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR 09/674254
				PRIORITY DATE CLAIMED 29 April 1988
TITLE OF INVENTION <b>DIAGNOSTIC MARKERS OF HUMAN FEMALE INFERTILITY</b>				
APPLICANT(S) FOR DO/EO/US <b>UNIVERSITY OF SOUTH FLORIDA</b>				
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:				
<ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).</li> <li>4. <input checked="" type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c) (2)) <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).</li> <li>b. <input type="checkbox"/> has been transmitted by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> </li> <li>6. <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)).</li> <li>7. <input checked="" type="checkbox"/> A copy of the International Search Report (PCT/ISA/210).</li> <li>8. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).</li> <li>b. <input type="checkbox"/> have been transmitted by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ul> </li> <li>9. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>10. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</li> <li>11. <input checked="" type="checkbox"/> A copy of the International Preliminary Examination Report (PCT/IPEA/409).</li> <li>12. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</li> </ol>				
<p><b>Items 13 to 20 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>13. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>14. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>15. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.</li> <li>16. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.</li> <li>17. <input type="checkbox"/> A substitute specification.</li> <li>18. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>19. <input checked="" type="checkbox"/> Certificate of Mailing by Express Mail</li> <li>20. <input type="checkbox"/> Other items or information:</li> </ol>				

U.S. APPLICATION NO. (IF KNOWN, SEE 37 CFR <b>09/674204</b>	INTERNATIONAL APPLICATION NO. <b>PCT/US99/09366</b>	ATTORNEY'S DOCKET NUMBER <b>0152.00332</b>																
21. The following fees are submitted:		<b>CALCULATIONS PTO USE ONLY</b>																
<b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)) :</b>																		
<input type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2) paid to USPTO and International Search Report not prepared by the EPO or JPO . . . . .		<b>\$1,000.00</b>																
<input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO . . . . .		<b>\$860.00</b>																
<input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO . . . . .		<b>\$710.00</b>																
<input checked="" type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4) . . . . .		<b>\$690.00</b>																
<input type="checkbox"/> International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4) . . . . .		<b>\$100.00</b>																
<b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>		<b>\$690.00</b>																
Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492 (e)).		<input type="checkbox"/> 20 <input type="checkbox"/> 30 <b>\$0.00</b>																
<table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>40</td> <td>- 20 =</td> <td>20    x    \$18.00    <b>\$360.00</b></td> </tr> <tr> <td>Independent claims</td> <td>24</td> <td>- 3 =</td> <td>21    x    \$80.00    <b>\$1,680.00</b></td> </tr> <tr> <td colspan="3">Multiple Dependent Claims (check if applicable).</td> <td><input type="checkbox"/> <b>\$0.00</b></td> </tr> </tbody> </table>		CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	Total claims	40	- 20 =	20    x    \$18.00 <b>\$360.00</b>	Independent claims	24	- 3 =	21    x    \$80.00 <b>\$1,680.00</b>	Multiple Dependent Claims (check if applicable).			<input type="checkbox"/> <b>\$0.00</b>	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE															
Total claims	40	- 20 =	20    x    \$18.00 <b>\$360.00</b>															
Independent claims	24	- 3 =	21    x    \$80.00 <b>\$1,680.00</b>															
Multiple Dependent Claims (check if applicable).			<input type="checkbox"/> <b>\$0.00</b>															
<b>TOTAL OF ABOVE CALCULATIONS =</b>		<b>\$2,730.00</b>																
Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable).		<input checked="" type="checkbox"/> <b>\$1,365.00</b>																
<b>SUBTOTAL =</b>		<b>\$1,365.00</b>																
Processing fee of <b>\$130.00</b> for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492 (f)).		<input type="checkbox"/> 20 <input type="checkbox"/> 30    + <b>\$0.00</b>																
<b>TOTAL NATIONAL FEE =</b>		<b>\$1,365.00</b>																
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).		<input type="checkbox"/> <b>\$0.00</b>																
<b>The PTO WILL NOT REFUNDS FEES ENCLOSED</b> =		<b>\$1,365.00</b>																
<input type="checkbox"/> listed item(s) <u>No check 1,365.</u> <u>No post card</u>		Amount to be refunded <b>\$</b> charged <b>\$</b>																
<input checked="" type="checkbox"/> A check in the amount of <b>\$1,365.00</b> to cover the above fees is enclosed.  <input type="checkbox"/> Please charge my Deposit Account No. <b>11-1449</b> in the amount of <b>\$</b> to cover the above fees. A duplicate copy of this sheet is enclosed.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <b>11-1449</b> A duplicate copy of this sheet is enclosed.																		
<b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b>																		
SEND ALL CORRESPONDENCE TO:																		
Amy E. Rinaldo KOHN & ASSOCIATES 30500 Northwestern Highway, Suite 410 Northwestern Highway, Suite 410 Farmington Hills, Michigan 48334 (248) 539-5050																		
 <b>SIGNATURE</b>																		
Amy E. Rinaldo NAME <b>45,7911</b> REGISTRATION NUMBER October 26, 2000 DATE																		

SEND ALL CORRESPONDENCE TO:

**Amy E. Rinaldo  
KOHN & ASSOCIATES  
30500 Northwestern Highway, Suite 410  
Northwestern Highway, Suite 410  
Farmington Hills, Michigan 48334  
(248) 539-5050**

SIGNATURE

Amy E. Rinaldo

NAME

45,7911

REGIS